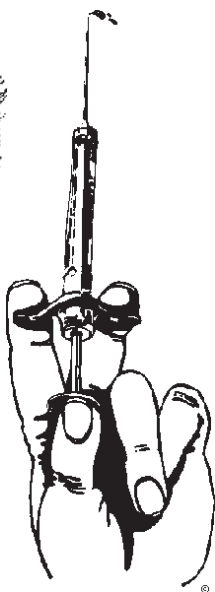
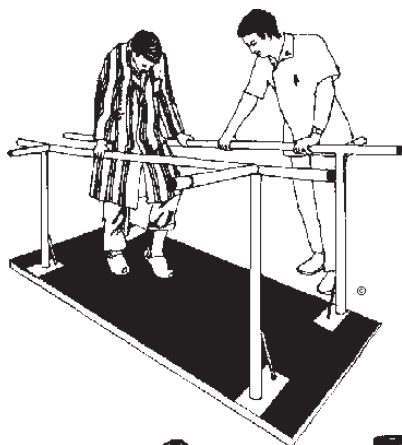


Health Insurance For Small Employers and Their Employees



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

The mission of the Office of the Commissioner of Insurance . . .

**Leading the way in informing and protecting the public
and responding to their insurance needs.**

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance (OCI).

For information on how to file insurance complaints call:

(608) 266-0103 (In Madison)
or
1-800-236-8517 (Statewide)

Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

information@oci.state.wi.us

(please indicate your name, phone number, and e-mail address)

OCI's World Wide Web Home Page

<http://oci.wi.gov>

For your convenience, a copy of OCI's [complaint form](#) is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site. You can print it, complete it, and return it to the above mailing address.

A list of OCI's [publications](#) is included at the back of this booklet. Copies of OCI publications are also available on-line on OCI's Web site.

**Deaf, hearing, or speech impaired callers may
reach OCI through WITRS**

Disclaimer

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

The OCI does not represent that the information is complete, accurate or timely in all instances. All information is subject to change on a regular basis, without notice.

Printed copies of publications are updated annually unless otherwise stated. In an effort to provide more current information, publications available on OCI's Web site are updated more frequently to reflect any necessary changes. Visit OCI's Web site at <http://oci.wi.gov>.

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Small Employer Web Site

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I. Introduction

Wisconsin small employers are not required by law to offer employees health care benefits. However, many small employers offer health benefits to their employees in order to attract and keep good employees. Small employer health insurance is available in Wisconsin from several insurers and managed care plans. This publication is meant to help small employers understand their options and to provide a comparison of premium rates available in the small employer health insurance marketplace.

A small employer is defined as one who employs at least 2 to but not more than 50 employees in Wisconsin. An eligible employee is one who works on a permanent basis and has a normal work week of 30 or more hours. This includes a sole proprietor, a business owner, including the owner of a farm business, a partner of a partnership, and an independent contractor if these individuals are included as an employee under a health benefit plan of a small employer. The term does not include an employee who works on a temporary, or substitute basis.

As the employer, you choose the health benefit plan that meets both your needs and your budget. This may mean deciding which plan is worth the cost. For example, plans that allow you the most choices in doctors and hospitals also tend to cost more than plans that limit choices. Plans that help manage the care you receive usually cost you less, but you give up some freedom of choice.

II. Traditional Health Plans

With traditional fee-for-service health plans, an employer purchases a policy from an insurance company and pays a premium on a regular basis. A group health insurance policy is a contract between the employer and the insurance company. The employee does not receive a policy but only a certificate of insurance under the employer's contract. In exchange for the premium, the insurance company agrees to pay for certain medically necessary items for the employees and dependent family members that are included as covered items under the policy.

Under a fee-for-service plan, insureds are free to seek necessary medical care from any physician they wish. With fee-for-service, the insurance company pays for part of your doctor and hospital bills.

The doctor often bills the insurance company directly for the services provided, and the insurance company pays for items covered by the policy. In some cases, the insured may have to submit a completed claim form and attending physician's statement.

Fee-for-service health plans require you to pay a deductible and coinsurance.

Deductible

The deductible is the initial dollar amount that you must pay out-of-pocket before the insurance company pays its share. For example, if you have a \$500 annual deductible, you will pay for the first \$500 of covered expenses for each person insured.

If you are buying coverage for your family, ask how the family plan works. Some plans may not require each family member to pay the deductible after two people in the family have paid it.

Read the policy carefully. Some policies require you to pay a deductible for each illness or accident.

Coinsurance

Coinsurance is your share or percentage of covered expenses you must pay in addition to the deductible. The most common coinsurance arrangement is for the insurance company to pay 80% and you pay 20% as coinsurance until a maximum out-of-pocket expense is reached. Coinsurance applies to each person and starts over again each year.

Out-of-Pocket Limit

Many plans have an out-of-pocket limit. The out-of-pocket limit is the maximum dollar amount that you pay for covered services and supplies during a specified period, generally a calendar year. The maximum may be defined to include or exclude the deductible. Once the out-of-pocket maximum is paid, benefits are paid at 100% of the costs incurred after that time.

Lifetime Maximum

Your major medical policy puts a cap, such as \$1 million, on the total amount the policy will pay toward your medical expenses. When the insurance company has paid that amount, the policy will be "used up" and no more benefits will be paid for your medical expenses.

Medically Necessary

Every major medical policy contains a provision that allows insurance companies to evaluate whether a service or treatment is “medically necessary” in treating a patient and whether it could adversely affect the patient’s condition if it were omitted. Insurance companies can deny payment for a treatment that is not medically necessary. Most health benefit plans often require a review before certain medical procedures are done.

Usual, Customary, and Reasonable Charge

Most insurance companies do not use your actual bills to calculate their payments. Companies have their own fee schedule, often known as usual, customary, and reasonable (UCR) charges. The UCR charges are typical amounts paid for everything from a doctor’s visit to heart surgery.

For example if your doctor charges \$1,000 for an operation while most doctors in your area charge only \$800, you will be billed for the \$200 difference. This is in addition to the deductible and coinsurance you would be expected to pay. To avoid this additional cost, ask your doctor to accept your insurance company’s payment as full payment. Or shop around to find a doctor who will. Otherwise, you will have to pay the difference.

III. Managed Care/Defined Network Health Plans

Competition in the health care market has resulted in the development of many new ways to providing and paying for health care services. A defined network plan is the term used in Wisconsin insurance law to refer to any health benefit plan that creates incentives for its enrollees to use network providers. Some defined network plans will provide coverage only if the enrollee uses network providers and other plans will pay a larger portion of the charges if the enrollee uses network providers. HMOs, point of service plans and preferred provider plans are examples of defined network plans. This type of plan is sometimes referred to as managed care plan.

Health Maintenance Organization (HMO)

An HMO is a health insurance plan that provides comprehensive, prepaid medical care. It differs from a traditional insurer in that it both pays for and provides the medical care. Persons insured by an HMO plan are referred to as enrollees. An HMO usually operates

on a closed panel basis. This means the enrollees are required to seek care from a medical provider who is either employed by or under contract to the HMO.

Except for serious emergencies or the need for urgent care outside the service areas, the HMO will probably not pay for care enrollees receive from a provider who is not affiliated with the HMO unless the HMO physician refers you to that provider.

Point of Service Plan (POS)

POS plans are essentially HMOs that allow members to use services provided outside of the network without prior approval from a network doctor. POS plans offer lower deductibles and no coinsurance for visits to doctors inside the network. Visits outside the network normally require the payment of deductibles and coinsurance the same as a standard insurance policy.

Preferred Provider Plan (PPP)

A PPP is marketed by an insurer to several employers. Providers have agreed to provide care on a reduced fee-for-service basis. The PPP also gives incentives to insureds to use preferred providers. For example, the plan may have a copayment provision in which the insurer pays 80% and the insured pays 20%. However, if insureds use the preferred providers, the insurer pays 90% rather than 80% of covered expenses.

Many insurers that offer standard health insurance policies also offer some type of preferred provider plan. You should ask your agent to provide you with information on preferred provider plans in your area.

Provider Directories

All defined network plans will provide an enrollee with a provider directory listing hospitals, primary care physicians, and specialty providers from whom the enrollee may obtain services. These directories are updated annually. However, the enrollee should inquire at the time of making an appointment as to whether the provider is currently a member of the defined network organization.

Continuity of Care

If a defined network plan represented a primary care physician (defined as a physician specializing in internal medicine, pediatrics, or family practice) as

being available during an open enrollment period, it must make the physician available at no additional cost for the entire plan year. A specialist provider must be made available for the lesser of the course of treatment or 90 days. If an enrollee is in her second trimester of pregnancy, the provider must be available through postpartum care. The exceptions are for a provider who is no longer practicing in the defined network plan's service area or who was terminated from the plan for misconduct.

Referral Procedure

Some HMOs require a referral from a primary care physician before an enrollee can see another plan provider. All HMOs require the enrollee to have a referral that has been approved by the network plan before going to a non-plan provider. The certificate booklet includes information on the procedure to follow and any notification requirements.

A defined network plan may not require a referral from a physician for services from a plan chiropractor. It must also allow a woman to receive obstetrical and gynecological services from a plan physician who specializes in obstetrics or gynecology without requiring a referral from her primary care provider.

Defined network plans must have a procedure allowing for standing referrals. A standing referral authorizes an enrollee to be seen by a specialist provider for a specific duration of time or specific number of visits without having to obtain a separate referral from the primary provider for each visit to the specialist.

If an enrollee goes to a non-HMO provider without an approved referral, the claim for those services will not be reimbursed by the HMO. Enrollees have the right to file a grievance when a referral is denied.

Second Opinions

Every defined network plan must cover a second opinion from another provider within the defined network plan provider network.

Disenrollment

An HMO must disclose in the policy and certificate any circumstances under which an enrollee may be disenrolled. Disenrollment proceedings may be initiated only for the following reasons:

- The enrollee has failed to pay required premiums by the end of the grace period.

- The enrollee has committed acts of physical or verbal abuse, which pose a threat to providers or other members of the organization.
- The enrollee has allowed a nonmember to use the HMO's certification card to obtain services or has knowingly provided fraudulent information in applying for coverage.
- The enrollee has moved outside of the geographical service area of the organization.
- The enrollee is unable to establish or maintain a satisfactory physician-patient relationship with the physician responsible for the enrollee's care.

Enrollees have the right to file a grievance when a disenrollment proceeding is initiated.

Managed Care Specialist

The Office of the Commissioner of Insurance (OCI) has a Managed Care Specialist to assist Wisconsin residents who have defined network insurance. The Managed Care Specialist will:

- Answer consumers' questions and inform them of their consumer rights and responsibilities
- Help consumers resolve more complex complaints concerning managed care
- Administer the independent review program
- Monitor the defined network marketplace

You can contact the OCI's Managed Care Specialist at: hmo@oci.state.wi.us, or you may call 1-800-236-8517 (toll-free in Wisconsin) and ask to speak to the Managed Care Specialist.

IV. Requirements Applicable to Small Employer Health Benefit Plans

The requirements of the Small Employer Health Insurance Law applies to group health insurance policies or certificates offered to small employers. It also applies to individual health insurance policies that are offered through a small employer if 3 or more individual policies are sold to eligible employees and premiums are collected through an agreement with an employer.

Exclusions and Limitations

A small employer insurer may exclude or limit coverage of specified conditions and services. The small employer insurer is allowed to exclude or limit only those conditions and services which are generally

excluded from coverage or limited under the insurer's other small group health benefit plans.

Preexisting Condition Exclusions

A fully insured small employer plan can exclude coverage for preexisting conditions for up to 12 months (18 months for a late enrollee) after an individual's enrollment date. Any preexisting condition exclusion must be reduced by an individual's prior creditable coverage. No preexisting condition may be applied to an individual who maintains continuous creditable coverage (without a break of 63 or more days) for 12 months (18 months for a late enrollee).

A preexisting condition exclusion is a limitation or exclusion of health benefits based on the fact that a physical or mental condition was present before the first day of coverage. A preexisting condition exclusion is limited to a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the enrollment date in a plan or policy.

During the preexisting condition exclusion period, the plan or issuer may not cover or pay for treatment of a medical condition based on the fact that the condition was present prior to an individual's enrollment date under the new plan or policy. (The plan or issuer must, however, pay for any unrelated covered services or conditions that arise once coverage has begun.) The enrollment date is the first day of coverage, or if there is a waiting period before coverage takes effect, the first day of the waiting period.

Conditions that may not be considered "preexisting."

- Pregnancy may not be considered a preexisting condition. In other words, if you are pregnant when you join your new employer group health plan, your pregnancy must be covered.
- Genetic information may not be considered a preexisting condition if there is no specific diagnosis of a current disease or medical problem related to the genetic test.
- Services provided for children adopted or placed for adoption before 18 years of age.

Portability

Employees who have satisfied a preexisting condition waiting period under a small employer's plan will not

have to satisfy another waiting period if they go to work for another small employer. They also cannot be denied coverage under their new employer's plan because of their health or the health of their dependents.

Special Enrollment Periods

Small employer plans must provide a special enrollment period:

- For individuals who become dependents by marriage, birth, or adoption. At that time, the employee or spouse may also elect coverage if not already covered.
- For employee/dependents who initially decline your plan coverage because they were covered through their spouse and then lose that coverage.

Enrollment Participation

A small employer insurer may establish minimum participation and employer contribution rules and requirements on a group health benefit plan offered to a small employer. A small employer insurer that offers a group health benefit plan to a small employer through a network plan may limit the small employers to those with eligible individuals who reside, live or work in the service area of the network plan.

Special Provisions Relating to the Sale of Small Employer Health Insurance Policies

There are special provisions in the small employer health insurance law relating to the sale of group or individual health insurance policies to small employers.

- Small employer insurance plans are required to treat all eligible individuals equally with regard to health status. For example, plans may not discriminate against individuals with an unfavorable medical history.
- Small employer insurers are required to automatically renew group coverage each year as long as the insurer is in the group market.
- Small employer insurers selling coverage to small employers are required to make products available to all small employers who apply.

- The law sets restrictions on the premium rates that a small employer insurer can charge a small employer. The rates must not vary by more than 30% from the midpoint for policies issued by the insurer to all small employers with the same or similar case characteristics and the same or similar benefit design characteristics. This restriction means that if the midpoint rate charged to small employer groups with a given plan is \$100 per month for single coverage, then the insurer could not charge less than \$70 and not more than \$130 per month for single coverage to other similar groups.
- The law also establishes restrictions on the amount insurers can increase premiums when a policy is renewed. It prohibits small employer insurers from increasing rates more than 15% per year due to claims experience.

What is meant by “case characteristics” and “benefit design characteristics?”

Case characteristics include the age and sex of employees, the geographic location and other objective information which insurers use to determine rates.

Case characteristics **do not** include loss or claims history, health status, occupation of the group, or how long the policy has been in force.

Benefit design characteristics refers to the medical services covered under the plan, the deductibles and copayments, the managed care, or utilization review aspects of the plan, and other features included in the plan.

Small employer insurers must use objective actuarial data to support the reasons for various benefit group characteristics.

V. Requirements Applicable to All Health Benefit Plans

Emergency Care

Every health plan offered in Wisconsin that covers emergency care, including defined network plans, must cover services required to stabilize a condition that most people would consider to be an emergency, without prior authorization. Defined network plans are permitted to charge a reasonable copayment or coinsurance for this benefit.

Grievance Procedure

All health insurance plans, including all defined network plans are required to have an internal grievance procedure for those who are not satisfied with the service they receive. The procedure must be set forth in the insurance contract and must also be provided in written notice.

The defined network plan must provide each enrollee with complete and understandable information about how to use the grievance procedure. An enrollee has the right to appear in person before the grievance committee and present additional information.

Enrollees may wish to first contact the defined network plan with a question or complaint. Many complaints can be resolved quickly and require no further action. However, filing a complaint with the plan first is not required. An enrollee can file a complaint with the appropriate state agency instead of, before, or at the same time as filing with the defined network plan.

Defined network plans are required to have a separate expedited grievance procedure for situations where the medical condition requires immediate medical attention. The procedure requires defined network organizations to resolve an expedited grievance within 72 hours after receiving the grievance.

Defined network plans are required to file a report with the OCI listing the number of grievances they had in the previous year. A summary of this information for HMOs for 2000, 2001, and 2002 is included in *The Consumer's Guide to Managed Care Plans in Wisconsin*. To receive a copy of this brochure call 1-800-236-8517. A copy is available on OCI's Web site at http://oci.wi.gov/pub_list/pi-044.htm.

Independent Review

All insurance companies offering health benefit plans in Wisconsin are required to have an internal grievance process to resolve any complaint you may have with the plan. If you are not satisfied with the outcome of the grievance you have an additional way to resolve some disputes involving medical decisions. You or your authorized representative may request that an Independent Review Organization (IRO) review your health plan's decision.

The independent review process provides you with an opportunity to have medical professionals who have no connection to your health plan review your dispute. You choose the IRO from a list of review organizations certified by the OCI. The IRO assigns

your dispute to a clinical peer reviewer who is an expert in the treatment of your medical condition. The IRO has the authority to determine whether the treatment should be covered by your health plan.

The independent reviews are conducted by IROs that are certified by the OCI. In order to be certified, the IRO must demonstrate that it is unbiased and that it has procedures to ensure that its clinical peer reviewers are qualified and independent.

In most cases, you will need to complete your health plan's internal grievance procedure. After you receive the insurer's final decision on your grievance, choose an IRO from the list provided by the insurer. Then send a written request for independent review to the insurance company.

Your health plan should provide you with information on your right to request an independent review in its written materials. You can also call the health plan at its toll-free number and request information on independent review.

For more information on the independent review process, call the OCI and request a copy of *Fact Sheet on the Independent Review Process in Wisconsin*. A copy is also available on the OCI's Web site at http://oci.wi.gov/pub_list/pi-203.htm.

Continuation and Conversion

Both state and federal law give certain individuals who would otherwise lose their group health care coverage under an employer or association plan, the right to continue their coverage for a period of time. The two laws are similar in some ways, but also have provisions that are very different. Most employers that have 20 or more employees must comply with the federal law, while most group health insurance policies that provide coverage to Wisconsin residents must comply with the state law. When both laws apply to the group coverage, it is the opinion of the OCI that where the federal and state laws differ, the law most favorable to the insured should apply. The state law also gives conversion rights to certain individuals who are covered under individual health insurance policies.

Federal Law (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows most employees, spouses, and their dependents who lose their health coverage under an employer's group health plan to continue coverage, at their own expense, for a period of time. This law applies to both insured health plans

and self-funded employer-sponsored plans in the private sector and those plans sponsored by state and local governments. However, COBRA does not apply to certain church plans, plans covering less than 20 employees, and plans covering federal employees.

Under the federal law, employees who terminate employment for any reason other than gross misconduct, or who lose their eligibility for group coverage because of a reduction in work hours, and the covered spouses and dependents of the employees may continue the group coverage for up to 18 months. A spouse and dependents may continue coverage for up to 36 months if they lose coverage due to the death of the employee, divorce from the employee, loss of dependent status due to age, or due to the employee's eligibility for Medicare. If within the first 60 days of COBRA coverage an individual or dependent is determined to be disabled by Social Security, the disabled individual and other covered family members may continue coverage for up to 29 months.

Wisconsin Law (s. 632.897, Wis. Stat.)

Wisconsin's continuation law applies to most group health insurance policies that provide hospital or medical coverage to Wisconsin residents. The law applies to group policies issued to employers of any size. The law does not apply to employer self-funded health plans, or policies that cover only specified diseases or accidental injuries.

Where to go for Help

For questions about the Wisconsin continuation law, contact:

Office of the Commissioner of Insurance
PO Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Outside Madison)
<http://oci.wi.gov>

For questions about the federal COBRA law, contact:

U.S. Department of Labor - Regional Office
Employee Benefits Security Administration
(EBSA)
200 West Adams, Suite 1600
Chicago, IL 60606
(312) 353-0900
<http://www.dol.gov/dol/topic/health-plans/cobra.htm>

For more information on continuation and conversion, call the OCI at 1-800-236-8517 and request a copy of *Fact Sheet on Continuation and Conversion in Health Insurance Policies* that describes both state and federal law. A copy is also available on the OCI's Web site at http://oci.wi.gov/pub_list/pi-023.htm.

Mandated Benefits

Health insurance policies sold in Wisconsin often include "mandated benefits." These are benefits that an insurer must include in certain types of health insurance policies. Except for HMOs organized as cooperatives under ch. 185, Wis. Stat., HMOs are required to provide the same benefits as traditional insurers.

The mandated benefits required by Wisconsin state law include coverage for: health care services provided by certain nonphysician health care providers; adopted children; handicapped children; nervous and mental disorders, alcoholism, and other drug abuse; home health care; skilled nursing care; kidney disease; mammography; new born infants; grandchildren born to dependent children under the age of 18 who are covered by the policy; diabetes; lead screening, temporomandibular joint treatment, breast reconstruction following a mastectomy, anesthesia for certain dental procedures, maternity coverage for all persons covered under the policy if it provides maternity coverage for anyone, and immunizations for children under the age of 6.

If a health insurance plan limits coverage of an experimental treatment, procedure, drug or device, the insurer is required to clearly disclose those limitations in the policy. Additionally, the insurer must have a process for the enrollee to request a timely review of a denied experimental treatment.

If the health insurer limits coverage of drugs to those on a preapproved list, often called a formulary, the insurer must have a process for the enrollee's physician to present medical evidence to request coverage of a drug that is not on the approved list.

Health insurance plans must provide at least the minimum mandated coverage but may provide benefits that are greater than those mandated by law.

For more information on mandated benefits, you may call the OCI at 1-800-236-8517 and request a copy of *Fact Sheet on Mandated Benefits in Health Insurance Policies*. A copy is also available on the OCI's Web site at http://oci.wi.gov/pub_list/pi-019.htm.

VI. Consumer Tips

- ◆ Shop around. Health insurance is expensive. Check with several agents and companies before making a final choice.
- ◆ Using the [Checklist for Small Employers](#) and the [Health Care Coverage Worksheet](#) in the back of this booklet will give you a more accurate idea of what your actual policy premium will be.
- ◆ Be sure to get the Schedule of Benefits. This is a brief explanation of specific benefits and benefit limitations for covered services provided under the terms of the Certificate of Insurance.
- ◆ Buying several limited policies can be very expensive and you may not have the coverage you need.
- ◆ When you apply for coverage, fill out the application accurately and completely. If you knowingly give incorrect or misleading information or fail to disclose relevant information, your coverage could be canceled or benefits denied.
- ◆ Never sign a blank application. Verify any information filled in by the agent.
- ◆ Make payments by check or money order payable to the insurance company or HMO, not to the agent. Insist on a signed receipt on the company's letterhead. Pay no more than two month's premium and fees until you have received the policy, group certificate or HMO subscriber certificate.
- ◆ Make sure you have the full name, address, and phone number for both the agent and the insurance company or HMO.
- ◆ Be careful about mail order policies and those sold door-to-door. You may need a local agent to help you with claims.
- ◆ Avoid duplicate coverage. Insurance companies often coordinate benefits so that you may collect on only one policy.
- ◆ Know your rights. For example, insurers may not:
 - Offer different benefits to men than they do to women who are in the same underwriting classification

- Charge different rates for men and women unless it can be justified by experience.
- Treat persons with physical or mental impairments differently than other people unless it can be justified by experience.

VII. Problems With Your Insurance Company

If you are having a problem with your insurance, you should first check with your agent or with the company that sold you the policy. If you do not get satisfactory answers from the agent or company, contact the OCI at:

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 (Statewide)
(608) 266-0103 (Madison)
<http://oci.wi.gov>

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VIII. Definitions

Certificate of Insurance

The formal document received by an employee that describes the specific benefits covered by the policyholder's health care contract with the insurance company. The certificate contains copayment and/or deductible requirements, specific coverage details, exclusions and the responsibilities of both the certificate holder and the insurance company.

Closed Panel

A type of health plan that requires enrollees to seek care from a medical provider who is either employed by or under contract to the health maintenance organization or limited service health organization.

Coinsurance

A provision in insurance policies that requires the enrollee to pay a percentage of all eligible medical expenses, in excess of the deductible.

Copayment

A provision in insurance policies that requires the enrollee to pay a flat fee for certain medical services.

Coinsurance

A provision in insurance policies that requires the insured to share in the cost of covered services on a percentage basis. A typical coinsurance arrangement is 80% by the insurer and 20% by the insured.

Coordination of Benefits

A provision in a health insurance policy that applies when a person is covered under more than one group medical program. It requires the payment of benefits to be coordinated by all insurers who cover that person in order to eliminate over insurance or duplication of benefits.

Copayment

A provision in insurance policies that requires the insured to pay a flat fee for certain medical expenses.

Deductible

The portion of eligible medical expenses that a policyholder/enrollee must pay before the insurer will make any benefit payments.

Defined Network Plan

A term used in Wisconsin law to refer to any health benefit plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the plan. This type of plan is sometimes referred to as a managed care plan.

Drug Formulary

Many defined network plans establish a list of prescription drugs that the plan considers medically appropriate and cost effective. The defined network plan will provide coverage for only those prescription drugs named in the list. However, your doctor may present medical evidence to the insurer to obtain an exception that will allow coverage for a prescription drug not routinely covered by the plan.

Emergency Care

A medical emergency includes severe pain, an injury, sudden illness, or suddenly worsening illness that would cause a reasonably prudent layperson to expect that delay in treatment may cause serious danger to

the person's health if he does not get immediate medical care.

Exclusions

Specific situations, conditions, or circumstances that are listed in the insurance policy as not being covered. Although you may purchase a plan that covers most medical, hospital, surgical and prescription drug expenses, no health plan will cover every conceivable medical expense you may incur. Examples of typical exclusions include vision care (eye exams, glasses, contacts, etc.), hearing aids, dental care, cosmetic surgery, experimental treatments, etc.

Fee-for-Service

The traditional health care payment system (also known as indemnity insurance) under which physicians and other providers receive a payment that does not exceed their billed charge for each unit of service provided. Under a fee-for-service insurance plan, insureds usually may choose to go to any provider they want, as long as the provider is willing to accept the insurance company's payments.

Grace Period

A period of time after a premium becomes due in which you can still pay for the insurance and keep it in force. Wisconsin law requires that for health insurance, it is 7 days for weekly premium policies, 10 days for monthly premium policies, and one month for all other policies.

Grievance

A written complaint filed with the health plan, including defined network plans, concerning some aspect of the plan. Some examples would be a rejection of a claim, denial of a formal referral, etc.

Guaranteed Renewable Policy

Small employer and individual policies must be continued in force, and must be renewed regularly, if the premium is paid on time.

Health Maintenance Organization (HMO)

A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific plan providers.

Independent Review

An appeal process in which a health care professional with no connection to an enrollee's health plan reviews a dispute over whether treatment is medically necessary or experimental.

Individual Practice Association (IPA)

An association of physicians that contracts with a health maintenance organization, limited service health organization, or preferred provider plan to provide health care services.

Lifetime Benefit Maximum

The total amount an insurance company will pay for health care services over your lifetime. If the cost of the benefits you receive since enrolling in a plan exceeds this amount, your coverage ends and no additional services will be covered.

Managed Care

A health insurance plan that makes available to its enrollees health care services performed by providers selected by the plan and which seeks to manage the cost, accessibility, and quality of care.

Managed Care Plan (see Defined Network Plan)**Mandated Benefits**

Benefits that health insurance plans are required by state or federal law to provide to policyholders and eligible dependents.

Medically Necessary

A service or treatment which is absolutely necessary in treating a patient and which could adversely affect the patient's condition if it were omitted.

Open Panel

A type of health plan other than a closed panel plan that provides incentives for the enrollee to use providers selected by the plan.

Out-of-Pocket Maximum

Many policies limit the total coinsurance amount you must pay each year. Once you reach the limit specified in your policy the insurance company will pay 100 percent of covered charges for the remainder of the year.

Point-of-Service

A type of defined network plan that provides financial incentives to encourage enrollees to use network providers but allows enrollees to choose providers outside the plan.

Preauthorization/Precertification

A provision in insurance policies that requires prior approval by a defined network plan or limited service health organization in order for services to be covered by the plan.

Preexisting Condition

All illness, medical condition, or injury that has been diagnosed, or for which a person has been treated, before buying a new health care policy.

Preferred Provider Plan (PPP)

A health care plan that makes available to its enrollees either comprehensive health care services or a limited range of health care services performed by providers selected by the plan. It allows enrollees to use providers outside the network, but enrollees may be liable for a significant portion of these claims.

Primary Care Provider

A provider selected by a defined network plan to provide or arrange health care services for an enrollee and who is designated by the enrollee.

Referral

A process by which the primary care physician makes a request to a defined network plan on behalf of the enrollee to receive medical care from a nonparticipating provider or specialist.

Usual, Customary, and Reasonable Charge (UCR)

A charge for health care based on typical amounts paid in your area for everything from a doctor's visit to heart surgery.

Urgent Care

Medically necessary care for an accident or illness that is needed sooner than a routine doctor's visit.

The premium rates listed are the lowest available monthly new business premium rates that were in effect January 1 for both individual and family coverage. Insurers periodically adjust rate levels and the premium rates shown in this booklet may have changed.

IX. Monthly New Business Premium Rates

Every small employer insurer is required to annually publish the small employer insurer's current new business premium rates in the manner and according to categories required by rule.

Premium Rate Examples

The examples beginning on page 15 should be used only as a guide. The following pages contain premium rate information for three hypothetical groups in 10 geographical locations in Wisconsin. The plan features a \$500 annual deductible and coinsurance amount of 80%/20% (or the nearest amount available).

Monthly New Business Premium Rates

Wisconsin law requires insurers who provide health coverage to small employers (2 to 50 employees) to annually publish their premium rates. Insurers are able to comply with this request by annually providing the OCI with their rates in the manner described below.

Please Note: Each insurance company shown on the attached pages has responded to the survey with rates it would charge for individual and family coverage for three hypothetical groups in particular locations in Wisconsin for one month. The premiums are effective January 1, 2004, and are listed for comparison purposes only. Premiums are subject to change throughout the year and may vary among small employers, but only according to the age, and sex of employees, the geographic location and other objective information that insurers use to determine rates. Information provided does not intend to describe fully the benefits, exclusions and limitations in each policy and differences that may exist among the insurers.

Insurers used the following assumptions in calculating the lowest available monthly new business premium rates in each geographic location:

1. All employees work full-time in Wisconsin for a Wisconsin corporation.
2. The loss experience is normal (by the insurer's standards) for a group of each size.
3. The policy is marketed through the insurer's standard distribution system.
4. The policy is the only policy offered to the group.
5. The deductible is \$500 (or otherwise indicated) and the copayment is 80/20% (or otherwise indicated).

Geographic locations used include: Madison, La Crosse, Eau Claire, Green Bay, Appleton, Racine/Kenosha, Milwaukee, Wisconsin Rapids, Superior, and Wausau.

Group One, 5 Employees
Males: 3
Females: 2

Age	
Males	Females
1=20	1=24
1=38	1=50
1=51	

Group Two, 25 Employees
Males: 15
Females: 10

Age	
Males	Females
1=20	1=22
1=23	1=24
1=24	1=26
1=25	1=30
1=27	1=40
1=30	1=45
1=34	1=46
1=36	1=48
1=40	1=50
1=42	1=60
1=45	
1=50	
1=54	
1=57	
1=60	

Group Three, 45 Employees
Males: 30
Females: 15

Age	
Males	Females
1=20	1=22
1=22	1=24
2=23	1=27
1=25	2=32
2=27	1=36
1=29	3=40
3=30	1=42
2=32	1=46
2=34	1=48
1=36	2=54
2=40	1=60
2=44	
2=48	
2=50	
1=54	
2=57	
2=58	
1=60	

Atrium Health Plan, Inc.
P.O. Box 64179
St. Paul, MN 55419

Consumer Service Telephone No. 1-800-382-2000

Plan Type: Defined Network

Form No. X1076/R6

Benefit Design

Deductible: \$500

Coinsurance: 90%/10%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	\$177.04	\$595.70	\$186.98	\$616.63	\$180.16	\$613.28
Eau Claire	180.78	608.30	190.93	629.68	183.98	626.25
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	180.78	608.30	190.93	629.68	183.98	626.25
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**Avemco Insurance Company
411 Aviation Way
Frederick, MO 21701**

Consumer Service Telephone No. 1-800-638-8440

Plan Type: PPO

Form No. IAC - 9800

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$203.16	\$605.45	\$239.89	\$687.70	\$234.70	\$691.27
La Crosse	192.65	574.17	228.02	654.09	223.15	657.44
Eau Claire	192.65	574.17	228.02	654.09	223.15	657.44
Green Bay	203.16	605.45	239.89	687.70	234.70	691.27
Appleton	192.65	574.17	228.02	654.09	223.15	657.44
Racine/Kenosha	203.16	605.45	239.89	687.70	234.70	691.27
Milwaukee	224.18	668.01	263.63	754.91	257.79	758.93
Wisconsin Rapids	192.65	574.17	228.02	654.09	223.15	657.44
Superior	192.65	574.17	228.02	654.09	223.15	657.44
Wausau	192.65	574.17	228.02	654.09	223.15	657.44

* See details of groups on page 14.

**Benchmark Insurance Company
6701 West 64th Street, Suite 125
Shawnee Mission, KS 66202**

Consumer Service Telephone No. 1-800-283-0622

Plan Type: Defined Network

Form No. B14CER - 9902

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$15 office visit copay
\$10/\$30 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$479.18	\$1,426.93	\$526.37	\$1,499.52	\$510.53	\$1,482.13
La Crosse	301.48	897.85	330.85	943.02	320.99	932.20
Eau Claire	270.12	804.49	296.34	844.82	287.54	835.15
Green Bay	275.35	820.05	302.09	861.18	293.12	851.33
Appleton	272.74	812.27	299.22	853.00	290.33	843.24
Racine/Kenosha	426.19	1,271.32	468.86	1,335.85	454.78	1,320.39
Milwaukee	479.18	1,426.93	526.37	1,499.52	510.53	1,482.13
Wisconsin Rapids	270.12	804.49	296.34	844.82	287.54	835.15
Superior	298.87	890.09	327.97	934.84	318.20	924.11
Wausau	270.12	804.49	296.34	844.82	287.54	835.15

* See details of groups on page 14.

Blue Cross & Blue Shield United of Wisconsin
401 West Michigan Street
Milwaukee, WI 53203

Consumer Service Telephone No. 1-414-226-5000

Plan Type: Indemnity

Form No. C2-98

Benefit Design

Deductible: \$500 individual; \$1,500 maximum per family

Coinsurance: 80% of \$2,500 per individual; \$5,000 maximum per family

Other: \$75 emergency room copay
\$10/\$20/\$30 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$416.53	\$1,082.98	\$405.83	\$1,055.15	\$374.92	\$974.79
La Crosse	347.82	904.34	338.89	881.11	313.08	814.00
Eau Claire	347.82	904.34	338.89	881.11	313.08	814.00
Green Bay	376.93	980.01	330.52	859.35	305.35	793.90
Appleton	367.39	955.20	322.15	837.60	297.62	773.80
Racine	464.98	1,208.94	408.64	1,062.46	376.36	978.53
Kenosha	454.87	1,182.65	399.75	1,039.36	368.18	957.26
Milwaukee	505.41	1,314.06	444.17	1,154.85	409.08	1,063.62
Wisconsin Rapids	330.65	859.68	322.15	837.60	297.62	773.80
Superior	330.65	859.68	322.15	837.60	297.62	773.80
Wausau	334.94	870.85	326.34	848.47	301.48	783.85

* See details of groups on page 14.

Central Reserve Life Insurance Company
17800 Royalton Road
Strongsville, OH 44136

Consumer Service Telephone No. 1-440-572-2400

Plan Type: Defined Network

Form No. IRE - 108

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$5,000 in-network/\$10,000 out-of-network coinsurance
\$25 office visit copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$220.00	\$635.00	\$232.00	\$660.00	\$224.00	\$649.00
La Crosse	212.00	611.00	223.00	635.00	215.00	625.00
Eau Claire	199.00	576.00	210.00	598.00	203.00	589.00
Green Bay	191.00	550.00	201.00	571.00	194.00	562.00
Appleton	191.00	550.00	201.00	571.00	194.00	562.00
Racine/Kenosha	232.00	670.00	245.00	696.00	237.00	685.00
Milwaukee	243.00	702.00	256.00	729.00	247.00	717.00
Wisconsin Rapids	199.00	576.00	210.00	598.00	203.00	589.00
Superior	212.00	611.00	223.00	635.00	215.00	625.00
Wausau	199.00	576.00	210.00	598.00	203.00	589.00

* See details of groups on page 14.

Compcare Health Services Insurance Corporation
401 West Michigan Street
Milwaukee, WI 53203

Consumer Service Telephone No. 1-262-785-7830

Plan Type: Defined Network

Form No. CC - 6305

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%; \$1,000 maximum out of pocket

Other: \$75 emergency room copay

The family deductible and coinsurance maximums are three and two times the single amounts shown, respectively.

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	\$246.64	\$641.26	\$198.78	\$516.82	\$192.93	\$501.62
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine	254.07	660.57	232.48	604.46	235.54	612.42
Kenosha	240.69	625.81	220.25	572.64	223.15	580.18
Milwaukee	272.79	709.25	249.61	649.00	252.90	657.54
Wisconsin Rapids	285.12	741.31	250.23	650.59	226.94	590.05
Superior	282.30	733.97	247.75	644.14	224.70	584.21
Wausau	282.30	733.97	247.75	644.14	224.70	584.21

* See details of groups on page 14.

**Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717**

Consumer Service Telephone No. 1-800-279-1301

Plan Type: Defined Network

Form No. SJ04

Benefit Design

Deductible: \$200

Coinsurance: 80%/20%

Other: Office visit copay 20% after deductible
\$10/30% prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$259.25**	\$717.91**	\$239.58	\$688.90	\$209.53	\$668.33
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

** Average rate. Rate will vary by subscriber.

The EPIC Life Insurance Company
P.O. Box 8190
Madison, WI 53708

Consumer Service Telephone No. 1-608-221-4711

Plan Type: Defined Network

Form No. E12000WI - 9609

Benefit Design

Deductible: \$250 in-network; \$500 out-of-network

Coinsurance: 80%/20% in-network; 60%/40% out-of-network

Other: \$15 in-network/\$30 out-of-network office visit copay
\$50 emergency room copay
\$15 Tier 1/\$30 Tier 2 prescription drug copay
\$2,250 in-network/\$4,500 out-of-network annual out-of-pocket limit

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	\$237.46	\$669.66	\$252.16	\$701.18	\$254.08	\$719.83
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**Federated Mutual Insurance Company
121 East Park Square
Owatonna, MN 55060**

Consumer Service Telephone No. 1-507-455-8200

Plan Type: Defined Network (PPO)

Form No. GH 48 11 (01-02 ed.)

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$25 office visit copay
\$100 emergency room copay
\$10/\$25/\$40 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$274.91	\$872.43	\$283.89	\$872.43	\$271.46	\$862.31
La Crosse	274.91	872.43	283.89	872.43	271.46	862.31
Eau Claire	274.91	872.43	283.89	872.43	271.46	862.31
Green Bay	297.82	945.14	307.54	945.14	294.08	934.17
Appleton	266.32	845.17	275.02	845.17	262.97	835.37
Racine/Kenosha	297.82	945.14	307.54	945.14	294.08	934.17
Milwaukee	297.82	945.14	307.54	945.14	294.08	934.17
Wisconsin Rapids	283.50	899.70	292.76	899.70	279.94	889.26
Superior	283.50	899.70	292.76	899.70	279.94	889.26
Wausau	283.50	899.70	292.76	899.70	279.94	889.26

* See details of groups on page 14.

Fortis Benefits Insurance Company
501 West Michigan Street
Milwaukee, WI 53201

Consumer Service Telephone No. 1-800-800-1212

Plan Type: PPO

Form No. P61.100

Benefit Design

Deductible: \$500 in-network; \$1,000 out-of-network

Coinsurance: 80%/20% in-network; 50%/50% out-of-network

Other: \$20 primary care physician copay
\$40 specialist copay
\$100 emergency room copay
\$10/\$30/\$30+25% coinsurance prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$203.07	\$613.97	\$220.58	\$637.61	\$212.98	\$628.95
La Crosse	225.69	682.37	245.15	708.64	236.71	699.02
Eau Claire	192.00	580.53	208.56	602.88	201.38	594.69
Green Bay	195.00	589.58	211.81	612.28	204.52	603.96
Appleton	187.72	567.57	203.91	589.42	196.88	581.41
Racine/Kenosha	318.16	961.98	345.60	999.01	333.70	985.44
Milwaukee	318.16	961.98	345.60	999.01	333.70	985.44
Wisconsin Rapids	198.92	601.43	216.07	624.58	208.63	616.10
Superior	235.79	712.93	256.13	740.37	247.31	730.32
Wausau	198.92	601.43	216.07	624.58	208.63	616.10

* See details of groups on page 14.

**Fortis Insurance Company
501 West Michigan Street
Milwaukee, WI 53201**

Consumer Service Telephone No. 1-800-800-1212

Plan Type: PPO (Indemnity for LaCrosse)

Form No. P97.100.POL.ZZ

Benefit Design

Deductible: \$500 in-network; \$1,000 out-of-network

Coinsurance: 80%/20%

Other: \$20 primary care physician copay
\$40 specialist copay
\$50 emergency room copay
\$10/\$30/\$30 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$227.20	\$664.00	\$250.44	\$710.28	\$234.38	\$687.00
La Crosse	304.60	890.20	335.76	952.25	314.22	921.04
Eau Claire	195.80	572.23	215.83	612.12	201.99	592.05
Green Bay	210.40	614.90	231.92	657.76	217.05	636.20
Appleton	259.60	758.69	286.15	811.57	267.80	784.97
Racine/Kenosha	246.00	718.94	271.16	769.05	253.77	743.85
Milwaukee	301.00	879.68	331.79	941.00	310.51	910.15
Wisconsin Rapids	199.00	581.58	219.36	622.12	205.29	601.73
Superior	201.20	588.01	221.78	629.00	207.56	608.38
Wausau	217.80	636.53	240.08	680.89	224.68	658.58

* See details of groups on page 14.

**Golden Rule Insurance Company
712 Eleventh Street
Lawrenceville, IL 62439**

Consumer Service Telephone No. 1-618-943-5064

Plan Type: Indemnity (optional PPO rates shown below)

Form No. P-006-48

Benefit Design

Deductible: \$1,500

Coinsurance: 100%/0%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$208.40	\$169.60	\$248.72	\$722.08	\$238.22	\$714.60
La Crosse	218.00	648.60	260.40	756.04	249.42	748.24
Eau Claire	198.60	589.80	236.72	687.12	226.71	680.00
Green Bay	213.20	634.20	254.56	739.04	243.82	731.42
Appleton	208.40	619.60	248.72	722.08	238.22	714.60
Racine/Kenosha	198.60	589.80	236.72	687.12	226.71	680.00
Milwaukee	251.60	749.60	301.04	874.32	288.40	865.33
Wisconsin Rapids	237.60	707.20	284.00	824.72	272.04	816.22
Superior	213.20	634.20	254.56	739.04	243.82	731.42
Wausau	237.60	707.20	284.00	824.72	272.04	816.22

* See details of groups on page 14.

Great Midwest Insurance Company
9821 Katy Freeway, Suite 850
Houston, TX 77024-1206

Consumer Service Telephone No. 1-713-935-7400

Plan Type: PPO

Form No. GMIC GH002-07/03-97(WI)

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$145.13	\$586.03	\$120.94	\$487.47	\$120.94	\$487.47
La Crosse	120.39	486.33	100.33	404.40	100.33	404.40
Eau Claire	120.39	486.33	100.33	404.40	100.33	404.40
Green Bay	120.39	486.33	100.33	404.40	100.33	404.40
Appleton	120.39	486.33	100.33	404.40	100.33	404.40
Racine/Kenosha	145.13	586.03	120.94	487.47	120.94	487.47
Milwaukee	153.38	619.29	127.81	525.13	127.81	515.13
Wisconsin Rapids	120.39	486.33	100.33	404.40	100.33	404.40
Superior	120.39	486.33	100.33	404.40	100.33	404.40
Wausau	120.39	486.33	100.33	404.40	100.33	404.40

* See details of groups on page 14.

**Group Health Cooperative of Eau Claire
P.O. Box 3217
Eau Claire, WI 54702-3217**

Consumer Service Telephone No. 1-715-552-4300

Plan Type: Defined Network

Form No. 4201, 4400

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$10/\$20 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$276.64	\$746.72	\$276.64	\$746.72	\$276.64	\$746.72
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Group Health Cooperative of South Central Wisconsin
8202 Excelsior Drive
Madison, WI 53717

Consumer Service Telephone No. 1-608-251-4156

Plan Type: Defined Network

Form No. E82-83-16(9/02)

Benefit Design

Deductible: None

Coinsurance: 80%/20%

Other: 80%/20% applies only to inpatient services; otherwise 100%/0%
\$20 office visit copay
\$50 emergency room copay
\$5/\$20 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$271.00	\$727.00	\$282.00	\$746.00	\$275.00	\$741.00
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**Gundersen Lutheran Health Plan
201 Main Street, 9th Floor
La Crosse, WI 54601**

Consumer Service Telephone No. 1-608-775-8007

Plan Type: Defined Network

Form No. HP2002.MBA.HMO.STD

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$10/\$35/\$50 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	\$183.00	\$579.00	\$206.00	\$598.00	\$185.00	\$549.00
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**Health Tradition Health Plan, Inc.
1808 East Main Street
Onalaska, WI 54650**

Consumer Service Telephone No. 1-608-781-9692

Plan Type: Defined Network

Form No. H80E

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$100 emergency room copay
\$5/\$25/\$50 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	\$184.06	\$524.56	\$194.54	\$554.44	\$191.94	\$547.03
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**Humana Insurance Company
(f/k/a Employers Health Insurance Company)
1100 Employers Boulevard
Green Bay, WI 54344
(submit correspondence to: 4626 Frey Street, Madison, WI 53705)**

Consumer Service Telephone No. 1-800-558-4444

Plan Type: Indemnity

Form No. WI-70104, et al.

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$377.00	\$1,213.00	\$377.00	\$1,135.00	\$379.00	\$1,138.00
La Crosse	466.00	1,502.00	466.00	1,411.00	469.00	1,415.00
Eau Claire	471.00	1,516.00	470.00	1,424.00	473.00	1,429.00
Green Bay	284.00	909.00	283.00	844.00	284.00	847.00
Appleton	297.00	951.00	296.00	884.00	297.00	887.00
Racine/Kenosha	391.00	1,256.00	390.00	1,176.00	392.00	1,179.00
Milwaukee	406.00	1,305.00	405.00	1,223.00	408.00	1,227.00
Wisconsin Rapids	462.00	1,488.00	461.00	1,397.00	464.00	1,401.00
Superior	391.00	1,258.00	390.00	1,177.00	393.00	1,181.00
Wausau	466.00	1,501.00	465.00	1,410.00	468.00	1,414.00

* See details of groups on page 14.

Humana Wisconsin Health Organization Insurance Corporation
500 West Main Street
Louisville, KY 40202
(submit correspondence to: 4626 Frey Street, Madison, WI 53705)

Consumer Service Telephone No. 1-800-558-4444

Plan Type: Defined Network (HMO)

Form No. 01-15

Benefit Design

Deductible: None

Coinsurance: 80%/20%

Other: \$20 office visit copay - primary care physician
 \$30 office visit copay - specialist, therapy, chiropractic, TMJ diagnosis, and nonsurgical treatment
 \$125 emergency room copay (waived if admitted)

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$248.00	\$808.00	\$256.00	\$793.00	\$258.00	\$795.00
La Crosse	248.00	808.00	256.00	793.00	258.00	795.00
Eau Claire	248.00	808.00	256.00	793.00	258.00	795.00
Green Bay	248.00	808.00	256.00	793.00	258.00	795.00
Appleton	248.00	808.00	256.00	793.00	258.00	795.00
Racine/Kenosha	248.00	808.00	256.00	793.00	258.00	795.00
Milwaukee	248.00	808.00	256.00	793.00	258.00	795.00
Wisconsin Rapids	248.00	808.00	256.00	793.00	258.00	795.00
Superior	248.00	808.00	256.00	793.00	258.00	795.00
Wausau	248.00	808.00	256.00	793.00	258.00	795.00

* See details of groups on page 14.

John Alden Life Insurance Company
501 West Michigan Street
Milwaukee, WI 53201

Consumer Service Telephone No. 1-800-328-4316

Plan Type: PPO

Form No. J-4000-CC, et al.

Benefit Design

Deductible: \$500 in-network; \$1,000 out-of-network

Coinurance: 80%/20% in-network; 60%/40% out-of-network to \$4,000 maximum out of pocket (after deductible)

Other: \$20 primary care physician copay
\$40 specialist copay
\$50 emergency room copay
\$15/\$25/\$50 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$212.36	\$571.60	\$231.29	\$598.98	\$242.79	\$641.80
La Crosse	240.51	647.37	261.95	678.37	274.97	726.87
Eau Claire	193.65	521.24	210.91	546.20	221.40	585.25
Green Bay	186.09	500.88	202.67	524.87	212.75	562.38
Appleton	186.09	500.88	202.67	524.87	212.75	562.38
Racine	256.67	690.86	279.55	723.95	293.45	775.70
Kenosha	235.17	633.00	256.13	663.31	268.87	710.73
Milwaukee	333.67	898.12	363.41	941.14	381.48	1,008.41
Wisconsin Rapids	219.01	589.50	238.54	617.74	250.39	661.90
Superior	193.65	521.24	210.91	546.20	221.40	585.25
Wausau	219.01	589.50	238.54	617.74	250.39	661.90

* See details of groups on page 14.

**Medica Health Plans
5601 Smetana Drive
Minnetonka, MN 55343**

Consumer Service Telephone No. 1-952-992-2900

Plan Type: Defined Network

Form No. MIC 500WRx Min/Max

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$10 minimum/\$25 maximum with 20% coinsurance

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$182.22	N/A	\$191.12	N/A	\$183.22	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	187.68	N/A	196.85	N/A	188.72	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Medical Associates Clinic Health Plan of Wisconsin
1605 Associates Drive, Suite 101
P.O. Box 5002
Dubuque, IA 52004-5002

Consumer Service Telephone No. 1-563-584-4885

Plan Type: Defined Network

Form No. SG WI 2004

Benefit Design

Deductible: \$500

Coinsurance: 90%/10%

Other: \$10 office visit copay
\$75 emergency room copay
\$500/\$1,000 hospital deductible

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse (Grant, Crawford, Lafayette, and Iowa Counties)	\$196.00	\$497.00	\$203.00	\$527.00	\$198.00	\$502.00
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Mega Life and Health Insurance Company
9151 Grapevine Highway
North Richland Hills, TX 76180

Consumer Service Telephone No. 1-800-527-5504

Plan Type: PPO

Form No. PPO 2 895

Benefit Design

Deductible: \$1,500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$274.00	\$773.60	\$292.16	\$806.12	\$291.93	\$812.27
La Crosse	243.60	685.80	259.76	714.64	259.47	720.00
Eau Claire	213.00	601.60	227.32	627.08	227.04	631.76
Green Bay	243.60	685.80	259.76	714.64	259.47	720.00
Appleton	213.00	601.60	227.32	627.08	227.04	631.76
Racine/Kenosha	243.60	685.80	259.76	714.64	259.47	720.00
Milwaukee	274.00	773.60	292.16	806.12	291.93	812.27
Wisconsin Rapids	213.00	601.60	227.32	627.08	227.04	631.76
Superior	213.00	601.60	227.32	627.08	227.04	631.76
Wausau	213.00	601.60	227.32	627.08	227.04	631.76

* See details of groups on page 14.

MercyCare Insurance Company
P.O. Box 2770
Janesville, WI 53547-2770

Consumer Service Telephone No. 1-800-895-2421

Plan Type: Defined Network

Form No. MCHMOAUG2002

Benefit Design

Deductible: \$250 single/\$500 family

Coinsurance: 80%/20%

Other: \$20 office visit copay
\$35/\$50 urgent care copay
\$65 emergency room copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Counties** (Rock, Green, Walworth and Jefferson Counties)	\$193.00	\$559.00	\$199.00	\$575.00	\$190.00	\$570.00

* See details of groups on page 14.

** Markets only in these counties.

**Midwest Security Life Insurance Company
2700 Midwest Drive
Onalaska, WI 54650**

Consumer Service Telephone No. 1-800-542-6642

Plan Type: Defined Network

Form No. GH 862C (02/01) WI

Benefit Design

Deductible: \$500 in-network

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$225.00	\$658.00	\$229.00	\$669.00	\$223.00	\$651.00
La Crosse	230.00	672.00	234.00	683.00	228.00	666.00
Eau Claire	206.00	601.00	209.00	610.00	204.00	596.00
Green Bay	201.00	586.00	204.00	596.00	199.00	581.00
Appleton	201.00	586.00	204.00	596.00	199.00	581.00
Racine/Kenosha	240.00	701.00	244.00	712.00	238.00	695.00
Milwaukee	275.00	804.00	280.00	818.00	273.00	797.00
Wisconsin Rapids	227.00	662.00	231.00	675.00	225.00	657.00
Superior	188.00	549.00	191.00	558.00	187.00	546.00
Wausau	217.00	634.00	221.00	645.00	215.00	628.00

* See details of groups on page 14.

**Network Health Plan of Wisconsin, Inc.
1570 Midway Place
P.O. Box 120
Menasha, WI 54952**

Consumer Service Telephone No. 1-920-720-1300 or 1-800-826-0940

Plan Type: Defined Network

Form No. NSBT_9-2003

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$20 copay for most office visits, therapy, and urgent care
\$100 emergency room copay
\$10/\$20/\$40 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	\$121.79	\$580.57	\$241.70	\$800.95	\$233.94	\$798.93
Appleton	104.84	499.80	208.07	689.51	201.39	687.78
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**New England Life Insurance Company
501 Boylston Street
Boston, MA 02116-3700**

Consumer Service Telephone No. 1-800-237-4878

Plan Type: Indemnity

Form No. Cert 500-50.2

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$679.44	\$1,242.39	\$749.96	\$1,284.95	\$737.84	\$1,286.08
La Crosse	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88
Eau Claire	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88
Green Bay	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88
Appleton	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88
Racine/Kenosha	797.35	1,458.77	881.04	1,509.72	866.92	1,511.15
Milwaukee	845.33	1,547.15	934.58	1,601.59	919.56	1,603.18
Wisconsin Rapids	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88
Superior	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88
Wausau	714.40	1,306.61	788.86	1,351.66	776.16	1,352.88

* See details of groups on page 14.

Pacific Life & Annuity Company
2300 Main Street
Irvine, CA 92614

Consumer Service Telephone No. 1-800-800-8612

Plan Type: Indemnity

Form No. GR84 (H13085)

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$20/\$40copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$240.34	\$710.15	\$263.96	\$761.99	\$255.94	\$760.43
La Crosse	240.34	710.15	263.96	761.99	255.94	760.43
Eau Claire	240.34	710.15	263.96	761.99	255.94	760.43
Green Bay	240.34	710.15	263.96	761.99	255.94	760.43
Appleton	240.34	710.15	263.96	761.99	255.94	760.43
Racine/Kenosha	254.19	751.07	279.17	805.90	270.68	804.24
Milwaukee	284.55	840.82	312.53	902.22	303.03	900.36
Wisconsin Rapids	240.34	710.15	263.96	761.99	255.94	760.43
Superior	240.34	710.15	263.96	761.99	255.94	760.43
Wausau	240.34	710.15	263.96	761.99	255.94	760.43

* See details of groups on page 14.

**Pekin Life Insurance Company
2505 Court Street
Pekin, IL 61558**

Consumer Service Telephone No. 1-800-322-0160

Plan Type: Defined Network

Form No. G 207 WI

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$30 office visit copay

\$50 emergency room copay

\$250 deductible; \$10 or 10%/\$25 or 25%/\$40 or 40% prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$238.72	\$667.30	\$243.71	\$642.83	\$229.45	\$630.45
La Crosse	227.83	636.83	241.14	635.24	226.75	622.99
Eau Claire	227.83	636.83	230.22	605.58	216.22	593.90
Green Bay	227.83	636.83	202.42	531.43	189.88	520.54
Appleton	227.83	636.83	224.74	591.08	211.06	578.98
Racine	255.07	713.03	252.01	669.82	237.26	652.79
Kenosha	255.07	713.03	271.40	716.23	255.51	704.10
Milwaukee	282.32	789.24	293.18	775.86	276.37	762.71
Wisconsin Rapids	227.83	636.83	227.34	597.96	213.77	586.43
Superior	227.83	636.83	235.69	623.08	221.62	608.81
Wausau	227.83	636.83	227.34	597.96	213.77	586.43

* See details of groups on page 14.

**PHP Insurance Plan, Inc.
301 North Broadway, Suite 110
DePere, WI 54115**

Consumer Service Telephone No. 1-920-490-6900 or 1-888-711-1444

Plan Type: Defined Network HMO and POS

Form No. HA1005-HA 1802

Benefit Design

Deductible: \$500

Coinsurance: 90%/10%

Other: \$20 office visit copay
\$100 emergency room copay
\$10/\$25/\$50 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	\$228.00	\$604.00	\$230.00	\$610.00	\$231.00	\$612.00
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Physicians Plus Insurance Corporation
22 East Mifflin, Suite 200
Madison, WI 53703

Consumer Service Telephone No. 1-608-282-8900 or 1-800-545-5015

Plan Type: Defined Network

Form No. P+3973/04HS500DD

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$10/\$25/50% prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$212.63	\$637.89	\$195.12	\$585.36	\$185.54	\$556.62
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**Principal Life Insurance Company
711 High Street
Des Moines, IA 50392-5532**

Consumer Service Telephone No. 1-800-247-6699

Plan Type: PPO

Form No. GC 5000

Benefit Design

Deductible: \$500

Coinsurance: 80%/20% in-network; 60%/40% out-of-network

Other: \$15 office visit copay
\$1,500 individual; \$3,000 family out-of-pocket limit

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$319.95	\$ 968.41	\$337.67	\$ 979.79	\$323.82	\$ 949.33
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	335.28	1,014.82	353.85	1,026.74	339.34	994.83
Green Bay	288.07	871.93	304.02	882.17	291.56	854.75
Appleton	288.07	871.93	304.02	882.17	291.56	854.75
Racine/Kenosha	370.00	1,119.89	390.48	1,133.04	374.48	1,097.82
Milwaukee	406.28	1,229.70	428.77	1,244.14	411.20	1,205.48
Wisconsin Rapids	369.47	1,118.30	389.93	1,131.43	373.95	1,096.27
Superior	341.95	1,034.99	360.88	1,047.15	346.08	1,014.59
Wausau	369.47	1,118.30	389.93	1,131.43	373.95	1,096.27

* See details of groups on page 14.

**Security Health Plan of Wisconsin, Inc.
1515 St. Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000**

Consumer Service Telephone No. 1-800-472-2363

Plan Type: Defined Network

Form No. INS-00030 (8/00)

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$171.72	\$440.14	\$178.59	\$456.58	\$171.61	\$454.52
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	164.39	420.69	170.59	435.65	163.95	433.69
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	165.85	424.58	172.19	439.84	165.48	437.85

* See details of groups on page 14.

**Touchpoint Health Plan, Inc.
5 Innovation Court
Appleton, WI 54912**

Consumer Service Telephone No. 1-800-735-6305

Plan Type: Defined Network

Form No. HMO MS0B 10/2002

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: \$20 office visit copay
\$50 emergency room copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	\$198.97	\$607.80	\$210.20	\$610.64	\$206.04	\$609.00
Appleton	194.27	593.44	205.24	596.21	201.17	594.61
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045

Consumer Service Telephone No. 1-847-615-0090

Plan Type: Defined Network (PPO)

Form No. S989C

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$201.00	\$603.00	\$204.57	\$613.70	\$184.42	\$553.26
La Crosse	237.25	711.76	241.46	724.39	217.64	652.92
Eau Claire	221.45	664.36	225.37	676.12	203.17	609.50
Green Bay	187.46	562.39	190.78	572.35	171.98	515.95
Appleton	204.46	613.37	208.09	624.27	187.57	562.72
Racine/Kenosha	206.30	618.90	209.96	629.89	189.28	567.84
Milwaukee	305.04	915.13	310.46	931.38	279.82	839.47
Wisconsin Rapids	199.57	598.72	203.11	609.33	183.09	549.27
Superior	218.50	655.50	222.37	667.11	200.44	601.33
Wausau	199.57	598.72	203.11	609.33	183.09	549.27

* See details of groups on page 14.

Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045

Consumer Service Telephone No. 1-847-615-0090

Plan Type: Defined Network (PPO)

Form No. AXX/C

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other: 30% prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$154.63	\$494.82	\$172.23	\$510.93	\$167.54	\$506.31
La Crosse	176.68	565.36	196.79	583.77	191.43	578.49
Eau Claire	180.12	576.39	200.63	595.16	195.17	589.78
Green Bay	180.31	577.00	200.84	595.79	195.37	590.40
Appleton	166.42	532.55	185.37	549.89	180.32	544.92
Racine/Kenosha	171.50	548.78	191.01	566.64	185.81	561.52
Milwaukee	241.55	772.96	269.05	798.12	261.72	790.91
Wisconsin Rapids	172.73	552.74	192.40	570.74	187.16	565.58
Superior	185.35	593.12	206.46	612.44	200.83	606.90
Wausau	172.73	552.74	192.40	570.74	187.16	565.58

* See details of groups on page 14.

United HealthCare Insurance Company
450 Columbus Boulevard
Hartford, CT 06103

Consumer Service Telephone No. 1-800-407-3776

Plan Type: Defined Network (PPO)

Form No. WI011-PPO-AM-033102

Benefit Design

Deductible: \$500 in-network; \$1,000 out-of-network

Coinsurance: 80%/20% in-network; 60%/40% out-of-network

Other: \$20 office visit copay
\$100 emergency room copay
\$10/\$30/\$50 prescription drug copay
\$50 urgent care center copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$272.96	\$ 818.89	\$266.79	\$ 800.36	\$265.87	\$ 797.60
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	350.54	1,051.63	342.61	1,027.83	341.43	1,024.29
Green Bay	229.86	689.59	224.66	673.98	223.89	671.66
Appleton	229.86	689.59	224.66	673.98	223.89	671.66
Racine/Kenosha	287.33	861.99	280.33	842.48	279.86	839.58
Milwaukee	287.33	861.99	280.33	842.48	279.86	839.58
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	350.54	1,051.63	342.61	1,027.83	341.43	1,024.29
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

United Wisconsin Life Insurance Company
3100 AMS Boulevard
P.O. Box 19032
Green Bay, WI 54307-9032

Consumer Service Telephone No. 1-800-232-5432

Plan Type: Indemnity

Form No. PO-C001-06-1-TG 4/03 and
PO-0001-06-1-00 10/94

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$359.49	\$1,080.27	\$380.13	\$1,140.40	\$360.20	\$1,080.61
La Crosse	347.97	1,045.66	367.95	1,103.86	348.66	1,045.99
Eau Claire	313.24	941.28	331.22	993.67	313.86	941.57
Green Bay	257.08	772.54	271.85	815.54	257.59	772.78
Appleton	277.49	833.85	293.42	880.26	278.04	834.11
Racine/Kenosha	351.15	1,055.19	371.31	1,113.92	351.84	1,055.52
Milwaukee	402.23	1,208.71	425.33	1,275.98	403.03	1,209.08
Wisconsin Rapids	313.24	941.28	331.22	993.67	313.86	941.57
Superior	325.40	977.84	344.09	1,032.26	326.05	978.14
Wausau	290.97	874.38	307.68	923.04	291.55	874.65

* See details of groups on page 14.

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Wauwatosa, WI 53226-3440

Consumer Service Telephone No. 1-800-407-3776

Plan Type: Defined Network (HMO)

Form No. 32006 22021 August, 2002

Benefit Design

Deductible: \$500 in-network; \$1,000 out-of-network

Coinsurance: 80%/20% in-network; 70%/30% out-of-network

Other: \$25 office visit copay
\$100 emergency room copay
\$10/\$25/\$50 prescription drug copay
\$50 urgent care center copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	\$303.68	\$835.12	\$296.82	\$816.25	\$288.69	\$817.62
Milwaukee	303.68	835.12	296.82	816.25	288.69	817.62
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Unity Health Plans Insurance Corporation
840 Carolina Street
Sauk City, WI 53583

Consumer Service Telephone No. 1-608-643-1422

Plan Type: Defined Network

Form No. UH00174 (rev) 07/02

Benefit Design

Deductible: \$2,000

Coinsurance: 80%/20%

Other: \$10/\$20/\$40 prescription drug copay

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$247.54	\$655.98	\$232.48	\$616.08	\$218.95	\$580.23
La Crosse	259.03	686.44	243.28	644.69	229.12	607.17
Eau Claire	274.36	727.06	257.67	682.84	242.68	643.10
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	259.03	686.44	243.28	644.69	229.12	607.17
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	271.04	718.26	254.55	674.57	239.74	635.32
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

Valley Health Plan, Inc.
P.O. Box 3128
Eau Claire, WI 54702

Consumer Service Telephone No. 1-715-836-1254

Plan Type: Defined Network

Form No. VHP-2015a-4/02

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$265.08	\$630.56	\$263.68	\$685.55	\$256.50	\$666.93
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Racine/Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 14.

**WEA Insurance Corporation
P.O. Box 7338
Madison, WI 53707-7338**

Consumer Service Telephone No. 1-608-276-4000

Plan Type: Indemnity

Form No. IC-LGL-2924-251-0702

Benefit Design

Deductible: \$500 individual; \$1,000 family

Coinsurance: 80%/20%

Other: 20% prescription drug copay
Rates valid for Wisconsin school employees only

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$395.68	\$ 879.36	\$395.68	\$ 879.36	\$395.68	\$ 879.36
La Crosse	426.06	949.04	426.06	949.04	426.06	949.04
Eau Claire	395.68	879.36	395.68	879.36	395.68	879.36
Green Bay	365.34	809.66	365.34	809.66	365.34	809.66
Appleton	365.34	809.66	365.34	809.66	365.34	809.66
Racine/Kenosha	460.18	1,027.44	460.18	1,027.44	460.18	1,027.44
Milwaukee	460.18	1,027.44	460.18	1,027.44	460.18	1,027.44
Wisconsin Rapids	380.52	844.50	380.52	844.50	380.52	844.50
Superior	395.68	879.36	395.68	879.36	395.68	879.36
Wausau	426.06	949.04	426.06	949.04	426.06	949.04

* See details of groups on page 14.

Wisconsin Auto and Truck Dealers Insurance Corporation
150 East Gilman Street, Suite A
Madison, WI 53703

Consumer Service Telephone No. 1-608-251-0044

Plan Type: Indemnity

Form No. WATDI-0002a Health

Benefit Design

Deductible: \$500

Coinsurance: 80%/20%

Other:

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$206.27	\$530.47	\$206.27	\$530.47	\$206.27	\$530.47
La Crosse	216.59	558.79	216.59	558.79	216.59	558.79
Eau Claire	216.59	558.79	216.59	558.79	216.59	558.79
Green Bay	216.59	558.79	216.59	558.79	216.59	558.79
Appleton	216.59	558.79	216.59	558.79	216.59	558.79
Racine/Kenosha	228.63	589.71	228.63	589.71	228.63	589.71
Milwaukee	244.09	627.04	244.09	627.04	244.09	627.04
Wisconsin Rapids	216.59	558.79	216.59	558.79	216.59	558.79
Superior	216.59	558.79	216.59	558.79	216.59	558.79
Wausau	216.59	558.79	216.59	558.79	216.59	558.79

* See details of groups on page 14.

**Wisconsin Physicians Service Insurance Corporation
1717 West Broadway
Madison, WI 53713**

Consumer Service Telephone No. 1-608-221-4711

Plan Type: Defined Network

Form No. 20000-051-9911

Benefit Design

Deductible: \$250 in-network; \$500 out-of-network

Coinsurance: 80%/20% in-network; 60%/40% out-of-network

Other: \$35 in-network/deductible and coinsurance out-of-network office visit copay
\$100 emergency room copay
\$20 Tier 1/\$40 + 10% Tier 2/\$60 + 20% Tier 3 prescription drug copay
\$2,250 in-network/\$4,500 out-of-network annual out-of-pocket limit

Premium Rate

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Madison	\$202.18	\$589.45	\$204.56	\$587.48	\$201.87	\$589.93
La Crosse	198.07	577.47	200.40	575.54	197.79	578.01
Eau Claire	207.66	605.44	210.11	603.41	207.32	605.87
Green Bay	213.48	622.40	216.00	620.32	213.15	622.89
Appleton	207.40	604.67	209.85	602.65	192.29	561.93
Racine/Kenosha	278.19	811.06	281.47	808.35	277.76	811.70
Milwaukee	256.65	748.27	259.68	745.77	256.25	748.85
Wisconsin Rapids	213.02	621.05	215.53	618.98	212.67	621.49
Superior	217.27	633.44	219.83	631.32	216.91	633.89
Wausau	191.23	557.54	193.49	555.68	190.93	557.96

* See details of groups on page 14.

Checklist for Small Employers
Evaluating Your Small Business Health Insurance Needs

Small businesses have special needs because they generally don't have a personnel department or benefits manager. If you're a small business, you need to think of your insurance agent as your benefits manager. Make sure the agent you choose has experience in working with small employer insurance.

Number of employees currently eligible for coverage	
Number of dependents	
Sex of employees	male
	female
Age of employees	
Number of employees and dependents of childbearing age	employees
	dependents
Number of employees/dependents with preexisting medical conditions	employees
	dependents
Number of employees with health problems making them high-risk	
Number of employees insured elsewhere	
What has the rate history been for comparable groups over the past five years?	
How is the rate calculated?	
Is the rate guaranteed? For how long?	
What will happen to premiums if one of my employees has a major claim?	
How will services be handled?	
Will the agent/broker or a customer service representative meet with employees and dependents?	
How long will it take to process a claim?	
How often will the employer be billed?	
Was the agent or broker knowledgeable about small-group insurance and able to answer my questions?	

Health Care Coverage Worksheet

This chart may be used to compare policies. This comparison is not intended to be a complete analysis of the plan's benefits. The master contract provides a detailed description of the policy benefits. Please check your own policy for variations and further details.

Plan Name				
Premium	monthly annual			
Annual Deductible	single family			
Annual Out-of-Pocket Limit				
Coinsurance Percentage				
Preventive Care				
• Immunizations				
• Adult Routine Medical Exams				
• Well Child Examinations				
• Mammograms				
Hospital Services*				
• Room & Board, Misc. Hospital Expenses, & Intensive Care Unit				
• Outpatient Facility Fees				
• Outpatient Radiology, Pathology, and Lab Services				
Emergency Services				
• Emergency Room Care (including Physician Charges and Misc. Expenses)				
• Emergency Room Facility Fees				
• Ambulance				
Professional Services				
• Office Visits				
• Chiropractic Visits				
• Maternity Services				
• Medical Supplies and Durable Medical Equipment				
• Occupational, Physical, & Speech Therapy				
• Oral Surgery and Dental Repair (due to an injury)				

* Some services may require precertification or prior approval. Financial penalties could apply if an approved precertification or prior approval is not in place for services received.

Professional Services (continued)					
• Independent Anesthesiologist, Pathologist, and Radiologist Services					
• X-Ray and Lab Services					
Home Health Care					
• Home Health Service					
Health Care Services					
• Breast Reconstruction (following a covered mastectomy)					
• Diabetic Equipment, Supplies, and Self-Management Education Programs					
• Temporomandibular Joint (TMJ) Disorders					
• Skilled Nursing Care					
Transplants (prior approval may be required)					
• Heart					
• Heart/Lung					
• Cornea					
• Bone Marrow					
• Liver					
• Pancreas					
• Kidney					
Alcoholism, Drug Abuse, and Nervous or Mental Disorders					
• Inpatient					
• Outpatient					
• Transitional					
Prescription Drug Coverage					
Out of Area Coverage					
Additional Benefits					
• Preventive Dental Care					
• Vision Exams					
• Hearing Exams					
• Other					
Exclusions**					

** The Exclusions section lists the services, treatments, equipment or supplies that are excluded (meaning no benefits are payable under the plan benefits), or have some limitations on the benefit provided. Some of the listed exclusions may be medically necessary, but still are not covered under the plan, while others may be examples of services which are not medically necessary or not medical in nature, as determined by the plan.